

# ***Appendices***



**Summer Reading Registration Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

School in Fall: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name and telephone of contact in case of emergency or other  
necessity:\_\_\_\_\_  
\_\_\_\_\_

SS-3180

**Summer Reading Registration Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

School in Fall: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name and telephone of contact in case of emergency or other  
necessity:\_\_\_\_\_  
\_\_\_\_\_

SS-3180

## Listening Agreement

Name: \_\_\_\_\_

I will listen to \_\_\_\_\_ books during the \_\_\_\_\_ weeks of the Summer Reading Program. I will listen to each book from beginning to end. When I have listened to a book, the title will be written on my Listening Log. I understand that I will receive an award certificate if I listen to the number of books on this contract.

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade and School in Fall: \_\_\_\_\_

E-mail: \_\_\_\_\_



SS-3181

## Listening Agreement

Name: \_\_\_\_\_

I will listen to \_\_\_\_\_ books during the \_\_\_\_\_ weeks of the Summer Reading Program. I will listen to each book from beginning to end. When I have listened to a book, the title will be written on my Listening Log. I understand that I will receive an award certificate if I listen to the number of books on this contract.

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade and School in Fall: \_\_\_\_\_

E-mail: \_\_\_\_\_



SS-3181

## Reading Agreement

Name: \_\_\_\_\_

I will read \_\_\_\_\_ books during the \_\_\_\_\_ weeks of the Summer Reading Program. I will read each book from beginning to end. When I have read a book, the title will be written on my Reading Log. I understand that I will receive an award certificate if I read the number of books on this contract.

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade and School in Fall: \_\_\_\_\_

E-mail: \_\_\_\_\_



SS-3182

## Reading Agreement

Name: \_\_\_\_\_

I will read \_\_\_\_\_ books during the \_\_\_\_\_ weeks of the Summer Reading Program. I will read each book from beginning to end. When I have read a book, the title will be written on my Reading Log. I understand that I will receive an award certificate if I read the number of books on this contract.

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Age: \_\_\_\_\_ Grade and School in Fall: \_\_\_\_\_

E-mail: \_\_\_\_\_



SS-3182

## QUESTIONNAIRE / EVALUATION

Please complete this Questionnaire / Evaluation and return it no later than **September 1, 2005 to Amanda Jackson, Tennessee State Library and Archives, 403 Seventh Avenue North, Nashville, TN 37243 0312.** Our aim is to judge the success of the program and learn how it may be refined and improved for the future. **Do not forget to include your materials order (pink form) for 2005.**

Name of Library \_\_\_\_\_

Address of Library \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name and title of person who was in charge of Summer Reading Program:

\_\_\_\_\_

E-mail for contact person \_\_\_\_\_

***Expenses are reimbursed when you serve on the Summer Reading Program (SRP) Committee. It will meet to plan the 2006 SRP in May and September, 2004.***

Are you interested in serving on the 2006 SRP Committee? Yes \_\_\_\_ No \_\_\_\_

**I. Schedule:**

\_\_\_\_\_  
Date Program Began

\_\_\_\_\_  
Date Program Ended

\_\_\_\_\_  
Number of weeks

\_\_\_\_\_  
Local Reading  
Program Budget

**II. Statistics:**

A. Number of all children who registered \_\_\_\_\_  
Readers \_\_\_\_\_ Listeners \_\_\_\_\_

B. Number of all children who earned a certificate \_\_\_\_\_

C. Number of books read (estimate if not known) \_\_\_\_\_

D. Number of staff assisting with program \_\_\_\_\_

E. Number of volunteers assisting with program \_\_\_\_\_

F. Number of teen volunteers \_\_\_\_\_

**III. Programs:**

*During the summer, did you sponsor or conduct:*

- A. Storyhours? \_\_\_\_\_
- B. Lapsit Programs \_\_\_\_\_
- C. Teen Programs \_\_\_\_\_
- D. Community Speakers \_\_\_\_\_
- E. Off Site Programs \_\_\_\_\_

**Identify site(s):**

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*Describe your most successful summer program:*

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Please enclose, with your evaluation, any pictures, newspaper articles, booklists, programs, samples of activities, games, incentives or other items pertaining to reading that you wish to share with us.

**IV. Outreach:**

Did you visit schools to publicize the summer program?

Yes \_\_\_\_\_ No \_\_\_\_\_ Number of visits \_\_\_\_\_

It is understood that the library serves all of the community. Did you plan and carry out any outreach publicity to reach any disadvantaged or culturally deprived children that could benefit from your program?

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Were any disabled children involved in your reading program?

Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

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**V. Statewide Program:**

Do you wish to see a statewide summer reading program continue?

Yes \_\_\_\_ No \_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VI. Materials:**

What suggestions do you have for improving the materials?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Each of the following items were available by order form. Please evaluate the materials provided by the Tennessee State Library and Archives: **Indicate your satisfaction of each product with a check mark within the parentheses.**

	<u>Poor</u>				<u>Excellent</u>
	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Manual and Activities	( )	( )	( )	( )	( )
Bookmarks	( )	( )	( )	( )	( )
Certificates	( )	( )	( )	( )	( )
Volunteer Certificates	( )	( )	( )	( )	( )
Reading Logs	( )	( )	( )	( )	( )
Posters	( )	( )	( )	( )	( )
Janway Products (if applicable)	( )	( )	( )	( )	( )

Please feel free to add any additional comments that you feel would improve the summer



**2006 SUMMER READING PROGRAM (SRP) SURVEY AND ORDER FORM**

LIBRARY \_\_\_\_\_

SRP DIRECTOR \_\_\_\_\_

(Individual responsible for all SRP activities)

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ REGION \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

Did you present a summer reading program in 2005? NO \_\_\_\_\_ YES \_\_\_\_\_

If "YES," please answer the following questions:

1. Did you divide your summer reading program into  
two age groups? NO \_\_\_\_\_ YES \_\_\_\_\_

2. Number of **reading** participants in your 2005 program \_\_\_\_\_

Number of **listening** participants in your 2005 program \_\_\_\_\_

Do you wish to participate in the 2005 statewide summer reading program being prepared and distributed by the Tennessee State Library and Archives?

NO \_\_\_\_\_ YES \_\_\_\_\_

If "YES," please answer the following questions:

1. How many **reading** children do you expect to  
participate in your 2005 summer reading program \_\_\_\_\_

2. How many **listening** children do you expect to  
participate in your 2005 summer reading program \_\_\_\_\_

In addition to one program manual that includes reproducible masters for each library, the following will be available without charge as requested:

	NUMBER REQUESTED
PROGRAM POSTERS (APPROXIMATELY 14" x 20")	_____
BOOKMARKS	_____
READING/LISTENING LOGS	_____
CERTIFICATES OF ACHIEVEMENT	_____
CERTIFICATES FOR RECOGNITION OF VOLUNTEERS	_____
AND OTHER TYPES OF COMMUNITY SUPPORT	_____

If you are a main library, does this order include your branches? \_\_\_\_\_ No \_\_\_\_\_ Yes

**THIS 2006 ORDER FORM MUST BE RETURNED NO LATER THAN SEPTEMBER 1, 2005 ALONG WITH YOUR COMPLETED 2006 QUESTIONNAIRE/EVALUATION FORM TO:**



Amanda Jackson, Tennessee State Library and Archives  
SS-3184 403 Seventh Avenue North, Nashville, TN 37243-0312